

12-10-01

Attorney Docket No. 58600.8209.US00

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Certification under 37 CFR §1.10 (if applicable)

EL 889 536 443 US
Express Mail Label Number

November 9, 2001
Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Jennifer L. Mahoney
(Print Name of Person Mailing Application)

Jennifer Mahoney
(Signature of Person Mailing Application)

Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

JC955 U.S. PTO
10/007363
11/09/01

Sir:

Transmitted herewith for filing is a utility patent application by inventor Daria Mochly-Rosen, and entitled:

ψεRACK PEPTIDE COMPOSITION AND METHOD FOR PROTECTION AGAINST
TISSUE DAMAGE DUE TO ISCHEMIA

1. Enclosed are:

- ☒ This Transmittal letter.
- ☒ One stamped, self-addressed postcard for PTO date stamp.
- ☒ Certificate of Express Mail.
- ☒ One utility patent application containing text pages 1-24 and
 - ☒ 4 Sheets of drawings.
- ☒ Declaration of inventorship (unsigned)
- ☒ Sequence listing printout, diskette, and matching declaration.

2. U.S. Priority

- ☒ This application claims the benefit of U.S. Provisional Application No. 60/247,830 filed November 10, 2000.
- ☒ Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing if required to establish copendency with the parent after all papers filed herewith have been considered.

3. Foreign Priority

- ☐ Priority of Application No. filed in on is claimed under 35 USC §119.
- ☐ A certified copy of this priority document is enclosed.

JC682 U.S. PTO
11/09/01

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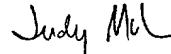
4. Fees

The filing fee has been calculated as shown below:

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$370.00	or		\$740.00
Total Claims	26 - 20	6	x \$9 =	\$54.00	or	x \$ 18 =	\$
Independent Claims	2 - 3	0	x \$42 =	\$	or	x \$ 84 =	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$140 =	\$	or	+ \$280 =	\$
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$424.00	Or	TOTAL	\$

- ☒ Applicant claims small entity status. See 37 CFR §1.27
- ☒ Please charge Deposit Account 50-0665 in the amount of \$424.00.
- ☒ The Commissioner is hereby authorized to charge fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account 50-0665.

Respectfully submitted,



Judy M. Mohr
Registration No. 38,563

Date: 11/9/01

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